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Bib Data Sheet

CONFIRMATION NO. 2829

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/747,624 | FILING OR 371(c)<br>DATE<br>12/30/2003<br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2155 | ATTORNEY DOCKET NO.<br>06975-387001 / Communicat |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\* *FH*

This appln claims benefit of 60/450,697 03/03/2003 and claims benefit of 60/450,710 03/03/2003  
 and claims benefit of 60/471,337 05/19/2003  
 and claims benefit of 60/488,376 07/21/2003  
 and claims benefit of 60/488,749 07/22/2003  
 and claims benefit of 60/488,816 07/22/2003

\*\* FOREIGN APPLICATIONS \*\*\*\* *FH*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/26/2004

|                                 |  |                       |                            |
|---------------------------------|--|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |                       |                            |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                       |                            |
| Verified and Acknowledged       | <i>FH</i>  |                       |                            |
| Examiner's Signature            | Initials   |                       |                            |
| STATE OR COUNTRY<br>CA          | SHEETS<br>DRAWING<br>13  | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>4 |

## ADDRESS

26171

## TITLE

Regulating self-disclosure for video messenger

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1022 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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